



RELIGIOUS EDUCATION ENROLLMENT FORM 20-21

Please ensure information is accurate and complete. Both sides of this form are to be filled out and handed in to the Religious Education Office. If you have any questions, please contact our office at (636) 394-4368. Thank you.

STUDENT INFO:

STUDENT'S FIRST NAME: _____ MIDDLE: _____ LAST: _____

PREFERRED NAME _____ SEX: Male _____ Female _____ BIRTH DATE: ____ / ____ / ____ TELEPHONE: _____
MM DD YEAR

ADDRESS: _____ CITY _____ ZIP _____

E-MAIL ADDRESS _____

SCHOOL ATTENDING IN THE FALL OF 2020: _____ WHAT GRADE? _____

GRADE LEVEL OF RELIGIOUS EDUCATION CLASSES YOUR CHILD LAST COMPLETED? _____

ARE YOU INTERESTED IN CATHOLIC HIGH SCHOOL? YES/NO (CIRCLE ONE) IF SO WHICH ONE? _____

IF YOU ARE NEW TO OUR PARISH, WHERE DID YOU LAST ATTEND RELIGIOUS EDUCATION CLASSES: _____

HAVE YOU REGISTERED WITH OUR PARISH? _____

DOES YOUR CHILD REQUIRE SPECIAL NEEDS? IF SO, THEY ARE: _____

PLEASE CHECK ONE OF THE FOLLOWING SESSIONS FOR THE YEAR: 20-21

I WOULD LIKE TO ENROLL MY CHILD INTO GRADE ____ FOR THE:

***Class Placement Subject To Catechist Availability**

SUMMER SESSION + THREE C.E.S SESSIONS
 FALL PSR SESSION AUG THRU MAY
 SPECIAL NEEDS PSR FALL AUG THRU MAY

PARENT INFO:

MOTHER'S FIRST & LAST NAME:	FATHER'S FIRST & LAST NAME:
MOTHER'S MAIDEN NAME:	ALTERNATE ADDRESS AS NEEDED:
PLACE OF BUSINESS:	PLACE OF BUSINESS:
WORK NUMBER:	WORK NUMBER:
CELL NUMBER:	CELL NUMBER:
RELIGION:	RELIGION:

SACRAMENTS RECEIVED:

IF YOUR CHILD WAS NOT BAPTIZED AT ST. CLARE, PLEASE SUBMIT A COPY OF THEIR BAPTISMAL RECORD. THANK YOU.

MUST HAVE INFORMATION	DATE	NAME OF CHURCH	CITY	STATE
BAPTISM				
1 ST RECONCILIATION				
1 ST EUCHARIST				

REGISTRATION FEE: \$182 PER FAMILY, PLUS \$90 SUPPLY FEE FOR EACH CHILD (1) \$272, (2) \$362, (3) \$452, (4) \$542, (5) \$632, (6) \$722

CHECK NUMBER _____ AMOUNT GIVEN _____ SUMMER PARKING SPOT NUMBER _____

**ST. CLARE OF ASSISI RELIGIOUS EDUCATION
EMERGENCY AUTHORIZATION & INFORMATION
2020-2021**

Student Name: _____

Grade: _____

Birth Date: _____/_____/_____
MM DD YYYY

MEDICAL CONDITIONS: *Please check one of the following:*

- My child has no medical or learning condition(s) that the Religious Education Office should be aware of.
- My child has the following medical or learning condition(s) that the Religious Education Office should be aware of:

Allergies: _____

Other: _____

Please complete:

- 1) **Physician:** _____ **Phone:** _____
- 2) **Dentist:** _____ **Phone:** _____
- 3) **Choice of Hospital:** _____

- **If emergency treatment is required and the parents cannot be reached immediately, do you give your consent for EMERGENCY PROCEDURES to be followed by the Religious Education Office?**

- 1) Obtaining service of paramedics through 911
- 2) Transporting to hospital by ambulance if deemed prudent
- 3) Contacting physician where possible

- YES
- NO

- If "NO" has been indicated, please advise what action you wish our office to take.

Must be signed and dated:

Parent/Guardian Signature: _____

Date: _____
(MM/DD/YYYY)

Phone: _____
HOME #

_____ CELL #

* * * * *

In situations when we are unable to pick up our child, I authorize the Religious Education Office to release my child to:

Name: _____

Phone: _____

Name: _____

Phone: _____



Parish School of Religion 2020-2021

Parent Agreement

Aware of the dignity of this holy parental call, and with a reverent awe for that responsibility which is mine, I commit myself to be, in word and example, the first and best teacher of my children in the faith. Practically, this means I will:

- Understand that the authentic teachings of Jesus as taught by the Catholic Church will be part of my child's education and formation;
- To the best of my ability respect the teachings of the Church and help my children respect the Church and its teachings;
- Regularly participate in the Sunday Eucharist with my family, commit to speak frequently with my children about God, include prayer in my daily life and form my children in the faith; (If not Catholic, support my children's religious instruction in the teachings and the sacramental life of the Catholic church.)
- Participate in and cooperate with the Parish School of Religion in programs that enable me as a parent to take an active role in the religious education of my children, including sacramental preparation for Catholic children;
- Support the moral and social doctrine of the Catholic Church to ensure consistency between home and school;
- Teach my children by word and example to have a love and concern for the needs of others;
- Meet my financial responsibilities in supporting the Parish School of Religion;
- Practice stewardship in support of the efforts of our Faith and Parish community.

FAMILY LAST NAME: _____

PARENT SIGNATURE: _____

DATE: _____



Parish School of Religion 2020-2021

Parking Spot Request Summer PSR Only

Summer PSR parking spots are assigned by lottery. Kindergarten and 1st grade are given priority for vicinity/closeness to the front doors of school. You will be emailed your assigned parking spot number prior to the beginning of Summer PSR.

Please check your preference below:

_____ I wish to exit westbound (Exit by the school)

_____ I wish to exit eastbound (Exit by the rectory)

_____ I do not need a parking spot, my child will walk

FAMILY LAST NAME: _____



Parish School of Religion

PSR Parent Guide to Media Authorization Form

The Media Authorization Form is designed and required by the Archdiocese of St. Louis for use by Catholic schools. The form gives parents a number of choices and we will diligently honor those choices at St. Clare of Assisi Parish School of Religion.

Please know that at PSR we RARELY use a student's name in our marketing and publicity efforts; we typically use pictures only.

It would help us a GREAT DEAL in our ability to take and use pictures and videos on social media for marketing purposes if you give us permission to use photos that include your child's image. If you are comfortable with that, please check YES on as many boxes as possible on the Media Authorization Form.

If you have any special circumstances or concerns, please contact Sheila Trani in the Religious Education Office.

Thanks so much for your help!



MEDIA AUTHORIZATION FORM

INTRODUCTION

For marketing and publicity purposes, there may be times when the school/parish/archdiocese wishes to use your and/or your child(ren)'s image, name, recording, or academic work in various media for marketing and/or publicity purposes. As parent, you may choose the appropriate level(s) of authorization. For your convenience, this one form covers all members of your family at the same school.

LEVELS OF AUTHORIZATION

Parish/School: I grant permission to use my or my child's image, name, recording, or academic work in communications that include, but are not limited to, parish bulletin, school newsletter, student newspaper, admission videos, parish/school website and social media.

Yes No

Archdiocese of St. Louis: I grant permission to use my or my child's image, name, recording, or academic work in communications that include, but are not limited to, archstl.org, *St. Louis Review*, *Catholic St. Louis* magazine, archdiocesan social media, *The e-Vangelizer* (newsletter published by the Catholic Education Office) and any publication(s) by agencies administered by the Archdiocese of St. Louis.

Yes No

Sponsoring Organizations: I grant permission to use my or my child's image, name, recording, or academic work in websites, videos, and publications created by independent foundations and corporations that support Catholic education but are not legally connected to the Archdiocese of St. Louis, including, but not limited to, Today and Tomorrow Educational Foundation, Roman Catholic Foundation of Eastern Missouri, Access Academies, English Tutoring Project, and United Way.

Yes No

Secular media outlets: I grant permission to use my or my child's image, name, recording, or academic work in secular media communications including, but not limited to, print, radio, TV and internet (Examples: *St. Louis Post-Dispatch*, KMOX radio, and KSDK-TV).

Yes No

FAMILY AUTHORIZATION *(Please print clearly.)*

Family Name:
Phone:
Email:
School Name:
Parish Affiliation (if applicable):
Parent 1 Name:
Parent 2 Name:

Child(ren)'s Name (s):	Grade:	Age:

Parent/Legal Guardian Signature:	Date:
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St. Clare of Assisi
PSR PARENT VOLUNTEER SIGN-UP
2020 - 2021

Parental support is critical to the success of our PSR Program. In sharing our talents, for the good of the Gospel message, we build community and strengthen the Body of Christ. Please review the list below and consider how your time, talent and treasure can be shared with the St. Clare of Assisi PSR Community. Sign-up to get involved and you will be contacted.
Thank you for sharing your time and talent with our PSR program!

PARENT NAME: _____ PHONE NUMBER: _____

E-MAIL ADDRESS: _____

PSR SESSION: (Please circle) SUMMER FALL

VOLUNTEER OPPORTUNITIES

(PLEASE MARK **ALL** THAT YOU ARE INTERESTED IN.)

- _____ **Catechist / Substitute Catechist/Classroom Assistant in either Summer or Fall PSR Session**
- _____ **PSR Advisory Council:** Become more involved in the activities of the PSR Community by planning events and recruiting volunteers.
- _____ **Call Me as Needed:** Please notify me if volunteers are needed throughout the course of PSR Sessions
- _____ **Oktoberfest Volunteer:** Volunteers needed to work game booth(s) in 1 hour shifts at the annual Men's Club Oktoberfest held in early October. Profit from these games is returned to the PSR program.
- _____ **First Reconciliation Retreat:** Help with the preparation and/or help on the day of the First Reconciliation retreat.
- _____ **First Eucharist Retreat:** Help with the preparation and/or help on the day of the First Eucharist retreat.
- _____ **Confirmation Reception:** Host cookie and punch reception in the Gym following Confirmation, which usually takes place on a weeknight in early May.

VOLUNTEER OPPORTUNITIES SPECIFIC ONLY TO SUMMER PSR 2019:

- _____ **Summer PSR Playground Volunteer:** Supervise playground recess during Summer PSR. Two adults are needed per day from 9:15-11:15 AM.
- _____ **Summer PSR Arrival Duty:** Assist directing traffic at Summer PSR arrival time and/or monitor students before classes begin.
- _____ **Summer PSR Parking Lot Dismissal Duty:** Assist directing traffic at Summer PSR dismissal time.
- _____ **Nurse:** Provide basic first aid and medical care for PSR Students in our program.
- _____ **Hospitality:** Provide snacks to be enjoyed by Summer PSR Catechists and teen volunteers.

Please Note: All volunteers must be registered and have completed the **Prevent and Protect STL** process, before participating as a volunteer in the PSR Program. Please contact Brenda Pfeffer for more information (636) 394-4368.



St. Clare of Assisi
Parish School of Religion Enrollment Checklist
2020 -2021

1. Religious Education Enrollment Form
2. Emergency Authorization & Information
3. Baptismal Record (Kindergarten, First Grade and New Students only)
4. Parent Agreement
5. Parking Spot Request (Summer PSR only)
6. Media Authorization Form
7. PSR Parent Volunteer Sign-up
8. Enrollment Fee

Please ensure information is accurate and complete. Class placement is subject to Catechist availability. Enrollment forms will not be processed until all forms are received by the Religious Education office. Tuition is due at the time of enrollment. If you have any questions, please contact our office at (636) 394-4368.